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# CITY OF SEATAC EMPLOYMENT APPLICATION



## City of SeaTac

4800 South 188th Street  
SeaTac, WA 98188-8605

Human Resources: (206) 973-4650 FAX (206) 973-4809

Job line: (206) 973-4655 TDD (206) 973-4808

Internet Address: <http://www.ci.seatac.wa.us>

**The City of SeaTac is an Equal Opportunity Employer**

### GENERAL INFORMATION

(Last)

(First)

(Middle)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (    ) \_\_\_\_\_ MESSAGE (    ) \_\_\_\_\_ WORK (    ) \_\_\_\_\_

ARE YOU A CURRENT OR FORMER CITY OF SEATAC EMPLOYEE? YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION: \_\_\_\_\_ DATES FROM/TO: \_\_\_\_\_

DO YOU HAVE RELATIVE(S) EMPLOYED BY THE CITY? YES \_\_\_\_\_ NO \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER THAN PARKING TICKETS, HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION OR RELEASED FROM PRISON WITHIN THE LAST 7 YEARS ? (Conviction record may be subject to verification.) YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN BELOW. (A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.)

Date

Charge

Sentence

Remarks


### POSITION

TITLE OF POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

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## EDUCATION

HIGH SCHOOL	MAJOR	TYPE OF DEGREE RECEIVED

COLLEGE OR UNIVERSITY*		

\*PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE.

LIST VOCATIONAL, ON-THE-JOB, OR OTHER APPLICABLE TRAINING.	HOURS/CREDITS

## LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE?      YES \_\_\_\_ NO \_\_\_\_      STATE: \_\_\_\_      LICENSE NUMBER: \_\_\_\_

VALID COMMERCIAL DRIVER'S LICENSE?      YES \_\_\_\_ NO \_\_\_\_      STATE: \_\_\_\_      LICENSE NUMBER: \_\_\_\_

LIST LICENSES OR CERTIFICATIONS THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

## EXPERIENCE

	YEARS EXPERIENCE	TYPE OF EQUIPMENT; SOFTWARE USED; OTHER DETAILS
<b>PERSONAL COMPUTER:</b>		
WORD PROCESSING	_____	(WPM =    ) _____
SPREADSHEET	_____	_____
DATABASE	_____	_____
DESKTOP PUBLISHING	_____	_____
CAD	_____	_____
OTHER	_____	_____
<b>MAINTENANCE POSITIONS ONLY:</b>		
BACKHOE	_____	_____
DUMP TRUCK	_____	_____
COMPRESSOR	_____	_____
ROTARY MOWER	_____	_____
EDGER, BLOWER	_____	_____
OTHER	_____	_____

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## WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. **The following sections MUST be completed even if a resume is submitted.** Attach additional sheets of paper if you require more space.

#1 TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NUMBER SUPERVISED: \_\_\_\_\_

SUPERVISOR'S NAME/TITLE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES \_\_\_ NO \_\_\_

SCOPE OF JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

#2 TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NUMBER SUPERVISED: \_\_\_\_\_

SUPERVISOR'S NAME/TITLE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES \_\_\_ NO \_\_\_

SCOPE OF JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

#3 TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NUMBER SUPERVISED: \_\_\_\_\_

SUPERVISOR'S NAME/TITLE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES \_\_\_ NO \_\_\_

SCOPE OF JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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**WORK HISTORY**  
**(continued)**

#4 TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NUMBER SUPERVISED: \_\_\_\_\_

SUPERVISOR'S NAME/TITLE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES \_\_\_ NO \_\_\_

SCOPE OF JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

#5 TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NUMBER SUPERVISED: \_\_\_\_\_

SUPERVISOR'S NAME/TITLE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES \_\_\_ NO \_\_\_

SCOPE OF JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**AUTHORIZATION**

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of SeaTac representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of SeaTac only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, hereby authorize the City of SeaTac or an independent investigating agency to conduct a thorough investigation of my personal and professional background including credit, criminal, and driving records.

I hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations of the City of SeaTac only.

It is my intention that any copy of this authorization be as effective as is the original.

### **PLEASE PROVIDE THE FOLLOWING INFORMATION**

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden/Other Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Identification Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**AFFIRMATIVE ACTION INFORMATION**

In order to ensure equal employment opportunity, the City of SeaTac requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential and will not be considered part of your application.

NAME: \_\_\_\_\_

SEX:                      ☐ Male                      ☐ Female

AGE OVER 40:        ☐ Yes                      ☐ No

ETHNIC GROUP:    ☐ White  
                         ☐ Black  
                         ☐ Hispanic  
                         ☐ Asian/Pacific Islander  
                         ☐ Native American (Indian, Eskimo, etc.)

INDIVIDUAL WITH A DISABILITY:        ☐ Yes                      ☐ No

**HOW DID YOU LEARN OF POSITION OPENING?**

☐ Newspaper                      ☐ Job Line                      ☐ Internet                      ☐ Job Posting                      ☐ Other